

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  <b>Nexus Bankruptcy</b> <b>Benjamin Heston</b> <b>3090 Bristol Street #400</b> <b>Costa Mesa, CA 92626</b> <b>Phone: (949) 312-1377</b> <b>Email: ben@nexusbk.com</b> <b>Bar Number: 297798</b> <b>Attorney for Debtor</b>  <input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor(s)	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT</b> <b>CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION</b>	
In re:  <b>Anita Jane Wallace</b>	CASE NO.:  CHAPTER: 7
Debtor(s)	<b>DECLARATION BY DEBTOR(S)</b> <b>AS TO WHETHER INCOME WAS RECEIVED</b> <b>FROM AN EMPLOYER WITHIN 60 DAYS OF</b> <b>THE PETITION DATE</b>  [11 U.S.C. § 521(a)(1)(B)(iv)]
	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct.

**During the 60-day period before the Petition Date** (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. (*If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.*)
- ☒ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 07/20/2025 Anita Jane Wallace  
Printed name of Debtor 1

  
Signature of Debtor 1

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date** (Check only ONE box below):

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60 day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: \_\_\_\_\_  
Printed name of Debtor 2  
Signature of Debtor 2

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